

**State of California  
Office of Administrative Law**

**In re:**  
**Department of Managed Health Care**

**Regulatory Action:**

**Title 28, California Code of Regulations**

**Adopt sections:**

**Amend sections:** 1300.67.005

**Repeal sections:**

**NOTICE OF APPROVAL OF CERTIFICATE OF  
COMPLIANCE**

**Government Code Sections 11349.1 and  
11349.6(d)**

**OAL Matter Number: 2017-0516-01**

**OAL Matter Type: Certificate of Compliance  
(C)**

This certificate of compliance action makes permanent the emergency amendments to the Essential Health Benefits (EHB) coverage requirements of health care service plans based upon amendments to the base benchmark plan pursuant to SB 43. (See OAL Matter No. 2017-0117-01E.) California originally selected the Kaiser Small Group 30 (2012) plan as the base benchmark plan, but SB 43 amended the Code to select the Kaiser Small Group 30 (2014) plan as the new base benchmark plan. (Health & Saf. Code, § 1367.005, subd. (a)(2)(A).) The amendments bring the regulations into alignment with the Kaiser Small Group 30 (2014) plan pursuant to SB 43.

OAL approves this regulatory action pursuant to section 11349.6(d) of the Government Code.

**Date:** June 27, 2017



**Mark Storm  
Senior Attorney**

**For: Debra M. Cornez  
Director**

**Original: Shelley Rouillard  
Copy: Jennifer Willis**

## NOTICE PUBLICATION/REGULATION SUBMISSION

(See instructions on reverse)

For use by Secretary of State only

STD. 400 (REV. 01-2011)

Request

ENDORSED - FILED

In the office of the Secretary of State  
of the State of California

JUN 27 2017

1:41 PM

OAL FILE NUMBERS	NOTICE FILE NUMBER Z-2017-0131-01	REGULATORY ACTION NUMBER 2017-0516-01C	EMERGENCY NUMBER
For use by Office of Administrative Law (OAL) only			
NOTICE		REGULATIONS	

AGENCY WITH RULEMAKING AUTHORITY

Department of Managed Health Care

AGENCY FILE NUMBER (if any)

Control No. 2016-5191

## A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)

1. SUBJECT OF NOTICE		TITLE(S)		FIRST SECTION AFFECTED		2. REQUESTED PUBLICATION DATE	
3. NOTICE TYPE <input type="checkbox"/> Notice re Proposed Regulatory Action <input type="checkbox"/> Other		4. AGENCY CONTACT PERSON		TELEPHONE NUMBER		FAX NUMBER (Optional)	
OAL USE ONLY		ACTION ON PROPOSED NOTICE <input type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved as Modified <input type="checkbox"/> Disapproved/ Withdrawn		NOTICE REGISTER NUMBER 2017-06-2		PUBLICATION DATE 2/10/2017	

## B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S) Essential Health Benefits		1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S) 2016-1117-01E	
2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (including title 28, if toxics related)			
SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)		ADOPT	
		AMEND	
28		Section 1300.67.005	
		REPEAL	
3. TYPE OF FILING			
<input type="checkbox"/> Regular Rulemaking (Gov. Code §11346) <input type="checkbox"/> Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §11349.3, 11349.4) <input type="checkbox"/> Emergency (Gov. Code, §11346.1(b))			
<input checked="" type="checkbox"/> Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute. <input type="checkbox"/> Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1)			
<input type="checkbox"/> Emergency Readopt (Gov. Code, §11346.1(h)) <input type="checkbox"/> File & Print <input type="checkbox"/> Other (Specify) _____			
<input type="checkbox"/> Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100) <input type="checkbox"/> Print Only			
4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.1)			
5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100)			
<input type="checkbox"/> Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a)) <input checked="" type="checkbox"/> Effective on filing with Secretary of State <input type="checkbox"/> \$100 Changes Without Regulatory Effect <input type="checkbox"/> Effective other (Specify) _____			
6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY			
<input type="checkbox"/> Department of Finance (Form STD. 399) (SAM 56660) <input type="checkbox"/> Fair Political Practices Commission <input type="checkbox"/> State Fire Marshal			
<input type="checkbox"/> Other (Specify) _____			
7. CONTACT PERSON Jennifer Willis		TELEPHONE NUMBER (916) 324-9014	FAX NUMBER (Optional) (916) 322-3968 E-MAIL ADDRESS (Optional) jennifer.willis@dmhc.ca.gov

8. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE  
Michelle Rouillard  
TYPED NAME AND TITLE OF SIGNATORY  
Michelle Rouillard, Director

DATE  
5/15/17

For use by Office of Administrative Law (OAL) only

ENDORSED APPROVED

JUN 27 2017

Office of Administrative Law